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ABSTRACT

The paper presents a framework intended to help in the adoption of new early childhood special education model programs. The Concerns-Based Adoption Model (CBAM) is explained to describe how individuals undergo the change process. The diagnostic component of CBAM is described in terms of three dimensions: (1) stages of concern (the feelings of individuals involved in change), (2) levels of use (how individuals interact with a new program), and (3) innovation configurations (how the program itself is adapted). Use of a practice profile to help disseminators apply the concept of innovation configurations is discussed. Five tasks in applying CBAM to early childhood programs are identified: creating awareness, targeting dissemination, providing training and preparation, providing followup assistance, and evaluating. (CL)

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THE CONCERNS-BASED ADOPTION MODEL

by

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The U.S. Department of Education (through Special Education Programs -- SEP) contracts TADS to provide information services to outreach projects of the U.S. Handicapped Children's Early Education Program (HCEEP). Information services are provided through the preparation and distribution of four series papers yearly. Topics address critical issues and challenges that confront the projects. Ideas for topics and contributors are most welcome.

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INTRODUCTION

Many challenges face projects that disseminate their early childhood model programs. How can disseminators best use their limited resources to tell others about their programs -- so that firm commitments and robust adoptions result? How do they select their audiences for dissemination? What do they do when a site decides to adopt the model program?

Disseminators have tried a variety of answers to these questions. Product developers know how to package program materials and produce slick brochures. Avenues for dissemination, such as professional associations, journals, and existing networks, have been identified. Training programs have been developed and used to prepare personnel to implement models in new settings.

Often absent is a framework to guide decisions and activities from start to finish -- awareness to implementation. This paper presents such a framework. The Concerns-Based Adoption Model (CBAM -- pronounced: suh-bam) was developed to describe changes people undergo as they adopt new programs, and how these people can be helped to make those changes in an effective, efficient, and humanistic way.

Disseminators can use CBAM to:

- determine the readiness of people at a new site to adopt the model program;
- predict the information, training, and resources adopters will need as they decide to adopt and move into implementation;
- design the most appropriate and therefore personalized assistance package so that dissemination efforts result in successful use of the program at the new site.

This paper describes CBAM's elements; the assessment tools disseminators can use to apply the model to their work; and CBAM's strategies for selecting, orienting, training, assisting, and monitoring adoption sites.

THE CONCERNS-BASED ADOPTION MODEL

In 1973, the University of Texas Research and Development Center for Teacher Education began developing CBAM in order to describe, and then verify through research, how individuals undergo the change process. Still in operation, the CBAM project has produced an articulate model for change, a set of instruments to assess the status of individuals involved in the implementation of a new program, and some guidelines for designing assistance and support activities that promote success.

CBAM supports several assumptions. First: change is a process and not an event. This means that when sites decide to adopt a model program, time is needed to prepare the individuals and the organization for new roles, responsibilities, and resource allocations. Second: change is a personal process that individuals experience differently, each at his or her own pace and degree of trauma. Thus, plans for program and organizational change must be developed with individuals in mind. Third: though individuals change at different rates, they undergo a similar growth pattern in terms of the feelings they have about the change and the knowledge and behaviors they develop as they become increasingly involved in a new program. Since CBAM can predict this growth pattern, the disseminator can design and sequence activities so adopters and potential adopters get answers to questions as they

arise. (There is no better way to lose people than to given them information they don't need while real and pressing questions are left unanswered.)

CBAM Components

CBAM has a diagnostic component and a prescriptive component. The diagnostic component has three dimensions:

- "Stages of Concern (SoC)" deals with the feelings of individuals involved in change;
- "Levels of Use (LoU)" describe how individuals interact with a new program;
- "Innovation Configurations" are the adaptations made in the program itself.

These dimensions can provide a "snapshot" of individuals within an organization before, during, or after implementation.

The prescriptive component suggests actions for response to a given diagnosis. This component of CBAM is still under development, since it does not as yet have a firm research base (as does the diagnostic component). However, after many years of experience and descriptive research, it is possible to propose many activities that can help adopters successfully replicate a model program.

Stages of Concern

As individuals think about and try an innovation, their feelings change. In professions such as education, health, social work, and child development, innovations are usually directed at improving services to clients. The CBAM project found, however, that when faced with a new innovation, human services professionals rarely ask for long explanations of how the innovation will help their clients. Rather, their first concerns are self-oriented. They ask: "How will it affect me?" and "How will my role change?" When these kinds of concerns appear to be resolved, their next concerns deal with the tasks of using the innovation: "How do I do it?" "How can I find the time to juggle all the demands this is putting on me?" "Why don't I have the right materials and equipment when I need them?" Only when these task-related

concerns decrease do concerns about impact become foremost: "Is this new program benefiting the children?" "What can I do to increase my effectiveness?"

Research on teachers in training (Fuller, 1969) and on school personnel at all levels (Hall and Rutherford, 1976) has supported this progression of concerns. Note that although these three general concerns seem to dominate at given times in the change process, other kinds of concerns are also present. A child-care worker asking, "What does this mean for me?" or a teacher wondering, "How can I ever give this test to so many children?" may also have concerns about the effects of the new programs on children. However, at this point they are more concerned about self and task than about impact.

The CBAM project elaborated on these three general areas of concern and proposed the seven Stages of Concern (Hall and Loucks, 1978b) described in Figure 1.

Figure 1. Stages of Concern: Typical Expressions of Concern About the Innovation

Stages of Concern	Expressions of Concern
6 Refocusing	I have some ideas about something that would work even better.
5 Collaboration	I am concerned about relating what I am doing with what other instructors are doing.
4 Consequence	How is my use affecting kids?
3 Management	I seem to be spending all my time in getting material ready.
2 Personal	How will using it affect me?
1 Informational	I would like to know more about it.
0 Awareness	I am not concerned about it.

Research verified that the seven stages exist, and that in sites where implementation efforts are supported and carefully designed, individuals progress through the stages over time (Hall and Rutherford, 1976; Loucks and Hall, 1979). Often this process can take as much as three years, depending on the demands and complications the model program presents.

Knowledge of the concerns people will have over time can help the disseminator plan sequences of activities. CBAM allows us to predict this progression of concerns. To measure the concerns more precisely, the disseminator can use two tools: the Open-Ended Concerns Statement (Newlove and Hall, 1976) and the Stages of Concern Questionnaire (Hall et al., 1977).

The Open-Ended Concerns Statement asks the question: "When you think about [the new program], what are you concerned about?" Respondents write their concerns in their own words. These statements are then scored according to the seven stages. This provides a quick assessment of concerns and pinpoints specific areas within the stages (e.g., What about management is a problem?).

The Stages of Concern Questionnaire has a special scoring procedure and results in a profile of the intensity of concern for each stage. The example shown in Figure 2 profiles an individual who is most concerned about managing all that the innovation involves but who also has some information needs. This questionnaire is valid and reliable and can be adapted for use with any innovation.

Finally, the disseminator can listen to people to assess their concerns, probing at times to find out more of their thoughts, needs, and preoccupations. This method is more subjective than the tools described above; however, it is an unobtrusive way for a sensitive observer to pick up valuable information.

Levels of Use

The eight Levels of Use, defined in Figure 3, describe how individuals change as they gain experience with an innovation (Hall et al., 1975). First, they orient themselves to the new program and prepare to use it. Initial use is often rough and characterized by short-term crisis planning and a mechanical adherence to the steps and procedures the innovation requires. Then a routine sets in, sometimes followed by refinements made to better serve clients.

Figure 2. Profile of Intensity of Concerns

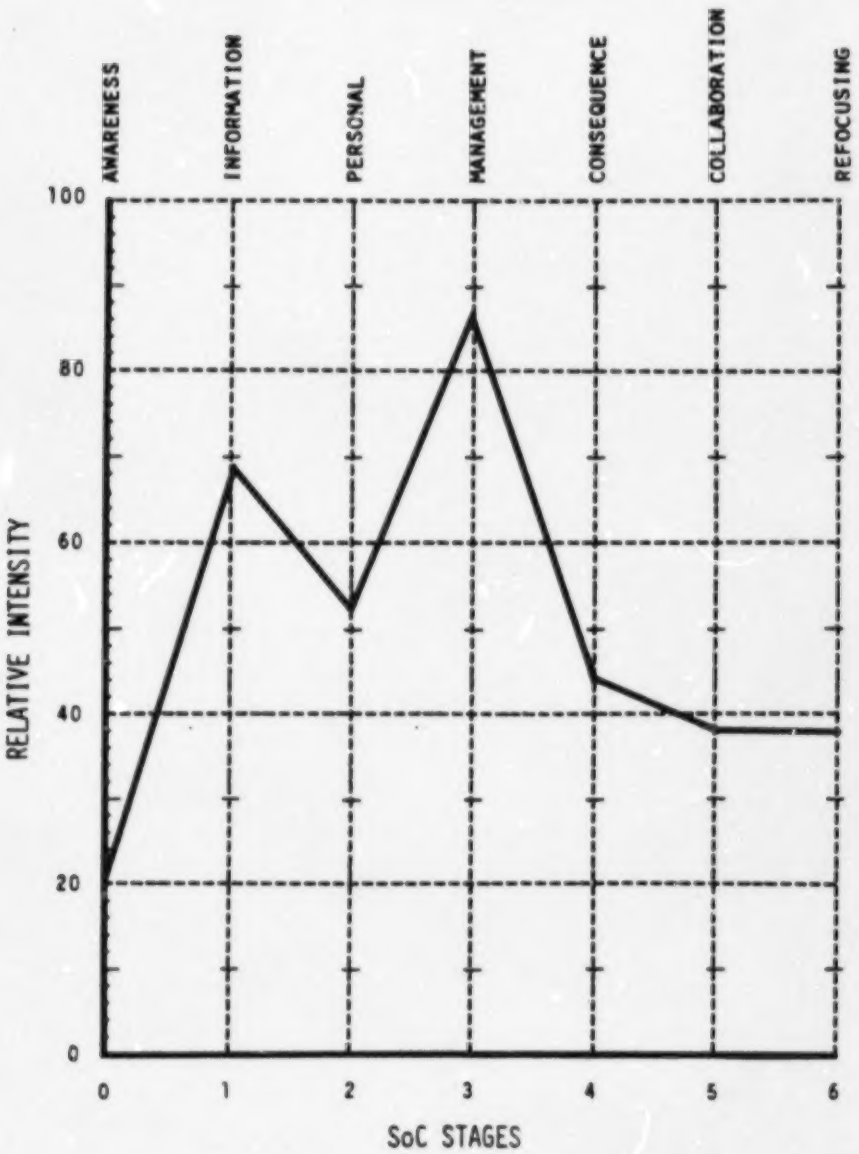


Figure 3. Levels of Use of the Innovation: Typical Behaviors

Levels of Use		Behavioral Indices of Level
VI	Renewal	User is seeking more effective alternatives to the established use of the innovation
V	Integration	User is making deliberate efforts to coordinate with others in using the innovation
IV-B	Refinement	User is making changes to increase outcomes
IV-A	Routine	User is making few or no changes and has an established pattern of use
III	Mechanical Use	User's implementation is poorly coordinated and changes are user-oriented
II	Preparation	User is preparing to use innovation
I	Orientation	User is seeking out information about the innovation
0	Non-Use	User is taking no action with respect to the innovation

Several years of research in schools and universities confirm that the eight Levels of Use exist (Hall and Loucks, 1977). Two ways to assess the levels have been used: a focused interview procedure and an informal conversation. The first, developed for use by researchers and evaluators (Loucks et al., 1976), involves learning several operational definitions (Research and Development Center for Teacher Education, 1975) and asking a series of questions and probes to determine the Level of Use at which an individual is functioning. The interview is valid and establishes procedures for certifying users for inter-rater reliability.

The second way to determine Levels of Use is much like the informal process used to determine Stages of Concern. Likewise, it is most useful for disseminators, trainers, and administrators who want a sense of how people are using a new program but who don't need a rigorous, time-consuming assessment. Simply listening to a user's descriptions of his or her activities and asking some probing questions cued by the differences in levels can result in a fairly good rating of a level. Often an individual's requests and complaints give clues to his or her Level of Use.

Innovation Configurations

When adopters use a model program, they often change the program itself (e.g., its strategies, materials, procedures) to meet their own needs or the needs of their clients (Hall and Loucks, 1978a). Sometimes the changes are minor; sometimes the adopters mutate the model to a point that is unrecognizable from the original. The different ways that a program can be used can be called "configurations" or, according to CBAM, "Innovation Configurations."

When potential or actual adopters have a concrete image of a model program -- what it looks like in practice, what its users actually do -- they know what is expected of them. That image helps limit adaptations that might be unacceptable to disseminators of the model.

Innovation Configurations can also be used to monitor the adoption, showing parts of the model the adopters may be leaving out or using incorrectly. This gives disseminators clues to the type of assistance (e.g., training, consultation, resource allocation) the adopters need most.

The "Practice Profile" is a tool that can help disseminators apply the concept of Innovation Configurations (Loucks and Crandall, 1982). Developed collaboratively by The NETWORK, Inc., and the Texas Center, the Practice Profile has three parts: the Component Checklist, Implementation Requirements, and Practice Characteristics. The first two parts are most relevant to this discussion.

The Component Checklist spells out in concrete behaviors the activities of the adopters as they use a model program (see Figure 4 for an example). Components can describe use of materials, instructional or care-giving strategies, child-user interactions, coordination, tasks, etc. Programs usually have six to twelve components, and adopters can, and usually do, vary the way they

use each component. While these variations are often quite acceptable to the program developer, sometimes they are unacceptable. Thus the Component Checklist helps adopters understand the disseminator's expectations by spelling out a range of possible variations, from ideal to acceptable to unacceptable. Note that in Figure 4 the program has seven components, each of which has three or more variations. Those variations left of the dashed line are ideal; between the dashed and solid lines, acceptable; and to the right of the solid line, unacceptable. Sometimes there are no unacceptable variations of a component (see components 6 and 7). In this case, whatever the adopter does is okay, including not using the component at all.

When a disseminator is open to adaptations and modifications, fewer unacceptable variations appear on the Component Checklist. However, even the least prescriptive disseminators identify essential components of their model program. Spelling out these components on a Component Checklist can be invaluable to many disseminators. The National Diffusion Network, a federal program that supports dissemination of educational programs at all levels, funds about 80 model developers (some are HCEEP programs) and encourages these developers to use Component Checklists to communicate to and monitor adoptions.

The second part of a Practice Profile lists "Implementation Requirements," including the training, personnel, facilities, and resources adopters need to implement the model program. Figure 5 is an example of one program's Implementation Requirements (this is the same program whose Component Checklist appears in Figure 4). Notice the difference between components and Implementation Requirements. The former are ongoing behaviors that one would see in an overview of the program. The latter are "things," sometimes observable at any time (e.g., personnel), at only one time (e.g., training), or never at all (e.g., some of the resources). Implementation Requirements are static and nonbehavioral. Information about components and Implementation Requirements is critical to adopters during the process of deciding whether or not to use a program and during actual use.

Figure 6 shows how CBAM's diagnostic dimensions fit into a model of the change process (Hall et al., 1973). First, individuals (potential or actual adopters) exist in a user system. The individual responsible for facilitating adoption of a new program, in this case, is labeled "disseminator" (as in outreach programs). But that person can also be an on-site administrator or a program manager or coordinator. This person (or persons) has resources at

Figure 4. Example of a Component Checklist

COMPONENT CHECKLIST FOR STRATEGIES IN EARLY CHILDHOOD EDUCATION

Component 1: Screening			
(1) Early Childhood Assessment Instrument given to each child in classroom	(2) Early Childhood Assessment Instrument given to each child in classroom, with some activities substituted, but objectives remain same	(3) Instrument other than Early Childhood Assessment Instrument given or no assessment given at all	
Component 2: Selection of Instructional Activities			
(1) Activities used for each child's daily instruction based on child's assessed level	(2) A majority, but not all of each child's instructional activity based on child's assessed level	(3) Few, if any, of each child's instructional activities based on child's assessed level	
Component 3: Record Keeping			
(1) Records which reflect performance on levels and objectives kept on each child -- chart of sequenced objectives used	(2) Records which reflect performance on levels and objectives kept on each child -- chart of sequenced objectives not used	(3) Records kept on group(s) of children and records reflect performance on levels and objectives	(4) Records kept on each child, but do not reflect performance on both levels and objectives
Component 4: Frequence of Use of Learning Centers			
(1) Learning centers used 4-5 times a week to provide instruction or reinforcement based on each child's assessed level and objectives	(2) Learning centers used on irregular basis to provide instruction or reinforcement based on each child assessed level and objectives	(3) Learning centers used for purposes other than providing instruction based on each child's assessed level and objectives	(4) Learning centers not used
Component 5: Referencing of Materials			
(1) Teacher maintains formal classroom file or similar system which keys classroom material and activities to levels and objectives	(2) Teacher maintains informal file, i.e., knows how materials and activities key to objectives and levels without having it written down	(3) Teacher maintains neither formal nor informal files or similar system which keys classroom materials and activities to levels and objectives	
Component 6: Opportunity for Self Selection (Interest Areas) (RELATED)			
(1) Children provided opportunity 4-5 times a week to select their own activities	(2) Children provided opportunity to select their own activities less than 4 times per week	(3) Children rarely ever provided opportunity to select their own activities	
Component 7: Learning Materials (RELATED)			
(1) Variety of materials are used (e.g., manipulative, paper/pencil, games)	(2) Materials used are largely selected from the Prescriptional Guide	(3) Materials are largely teacher-developed	(4) Other single sources of materials are used (e.g., text, kit)

Anything to the right of solid line is "unacceptable," to the left is "acceptable."
Anything to the left of dashed line is "ideal."

Figure 5. Implementation Requirements

1. Costs:
   Start-Up: fee and travel for trainer; materials required (see below).
   Continuation: materials only (see below).

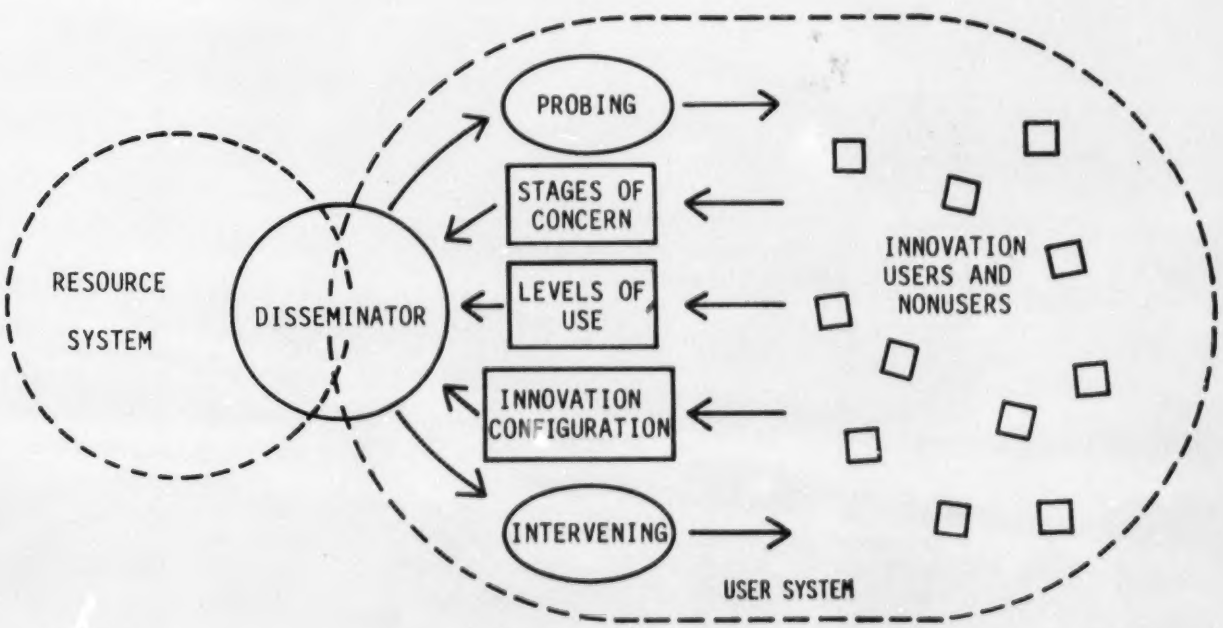
2. Training:
   Two days initially, periodic follow-up.

3. Materials/Equipment:
   No special equipment.
   Materials include criterion-referenced screening instrument ($2.25), pupil edition (50¢), chart of sequenced objectives (25¢), class record chart (25¢), and prescription guide ($4.75).

4. Personnel:
   No special personnel, though aide or volunteer helpful initially.

5. Organizational Arrangements:
   Can be implemented in a single classroom or adross a district; no rearrangements required in facilities, schedules, responsibilities.

Figure 6. The Concerns-Based Adoption Model



his or her disposal -- information, materials, training programs, perhaps even funds -- that can be used to help adopters. If the disseminator knows something about the potential or actual users, in this case their concerns, activities, and the way the components of the program are being configured, the disseminator can effectively intervene in the process and move the users to higher Stages of Concern, Levels of Use, and more acceptable, relevant configurations.

Applying CBAM to HCEEP Outreach Activities

Dissemination is a complex task, and disseminators who concur with CBAM's assumptions about the change process may find their work more complicated than usual. They cannot rely on hit-and-run workshops. They cannot treat all adopters and potential adopters alike. And they must work with more than just the primary users (e.g., teachers, child-care professionals, health-care workers) to make sure that once an adoption decision is made, implementation and institutionalization follow. This means working with leadership and administrative personnel such as school principals, hospital directors, and preschool program coordinators (refer to the 1982 TADS publication Strategies for Change, edited by Trohanis).

The following five tasks of the disseminator are outlined below:

- creating awareness
- targeting dissemination
- providing training and preparation
- providing follow-up assistance
- evaluating

Although the tasks are presented in sequence, the change process is not linear, and efforts in each of these task areas will overlap. CBAM concepts and tools can personalize the five tasks to the adopting individuals and organizations. Feel free to refer to the six figures introduced earlier in this paper to help you tie toegether these ideas.

Creating Awareness

Many people think that dissemination is merely spreading information about a program to others who might want to adopt it. This is but the first step. CBAM can help by suggesting information that would be most useful, and how it might be communicated.

Potential adopters are at a nonuse (LoU 0) or orientation (LoU I) level -- they either know nothing about your program and are not looking, or they are seeking general information. At these stages, the potential adopter asks: "What is it?" (SoC 1) and "How will it affect me?" (SoC 2). They need general, brief information about a program -- the kind of information that might fit on a brochure or in an hour overview. They do not need a manual, a training guide, or a two-day workshop.

The Practice Profile is a useful tool at this point. The Component Checklist allows potential users to envision their activities should the program be adopted. Administrators and directors can learn from the Implementation Requirements those resources they will need to supply.

Awareness sessions can be held with large groups, but be sure to leave sufficient time for a question-and-answer period in order to respond to individual concerns.

Targeting Dissemination

Outreach programs can have thousands of possible audiences but hardly enough resources to reach a fraction of them. CBAM ideas can help disseminators select their audiences.

Judgments must be made when resource allocation is involved. Though a grisly analogy, the notion of "triage" can help. In wartime, medical teams divide the wounded into groups of those who will live without attention, those who will die even if helped, and those who will live only if given attention. They treat the last group first. You might consider this process. Which adopters or potential adopters need you most? Which should you give up on before you spend a minute with them? And which ones will survive with minimal or no special attention?

Individuals attempting a major change need a lot of specific, long-term assistance from a number of sources (Huberman and Crandall, 1982). Those undergoing a minor change might require only a short, intensive training session. If the disseminator wants to foster a lot of adoptions, resources will stretch further with adopters requiring minor change to use the model program. If, on the other hand, the disseminator wishes to help organizations make significant changes, more resources must be invested in each adoption and fewer will be served. If the disseminator chooses to work with adopters who range widely in the amount of change they must make,

activities must vary and a medium number of adoptions must be determined.

The key, then, is to determine the amount of change required by each adopter. The Component Checklist can help. For each component, what is a potential adopter now doing? It is quite possible that many are already using acceptable variations of the model components. For example, a model program may call for a diagnostic/prescriptive approach to teaching prereading skills, with an individual pretest, individually assigned activities, and posttest upon completion of the activities. An adopter who already does pretesting (though not your tests), and is used to having children work on individually prescribed tasks, has much less change to undergo than an adopter who never formally tests children and always teaches in a group. Potential adopters can assess themselves with a well-developed Component Checklist; or the disseminator can ask a few specific questions and understand how much change is needed.

Listening to early concerns is another way to screen potential adopters. Sometimes adopters can be quite resistant, and this can be determined with any of the three tools (introduced in this paper) for assessing concerns. Resistance may result from unwillingness to undergo any change, work overload, inability to do the tasks required, or a number of other possibilities. It is always hard work to prepare resistant adopters to use a new program, and the disseminator may choose to triage these sites off the roster. However, the situations do present a challenge -- and a great reward when resistant adopters can be brought around.

Having used ideas from CBAM to create awareness and target dissemination activities, the hard work begins -- preparing adopters to use a model program.

Training and Preparation

Often, structured training sessions are the only preparation disseminators provide for adopters. As noted in the preceding section, this may be all that is needed for adopters who do not need to undergo major change. Others, however, will need much more help.

Adopters who have just committed to a new program still have information (SoC 1) and personal (SoC 2) concerns, but their management concerns (SoC 3) are rising steadily. At a preparation level (LoU II), they need all the "how-to-do-its." Training must

be intensive and hands-on, so adopters can learn about and then practice behaviors they must assume in order to use the new program or selected components. Materials they will use must be thoroughly explained. If there are activities or lessons they will use with children or families, they should try those out. There should be ample time to discuss how to organize their work settings and schedules to best use the program.

Since management concerns (SoC 3) often become even higher after use has begun, training should be ongoing. Otherwise, the adopter may become frustrated and drop the program early -- or adapt it beyond recognition. Phased training is best; part of it occurs before use, another piece a month or so later, and so on. For example, a disseminator seeking to replicate a new curriculum for a preschool could provide a two-day training session before the center-based program opens in the fall, another training day in January, and another in April, each time introducing a few more materials teachers could begin to use.

The Component Checklist can be used to plan training strategies. At each training session, goals can be established by sharing the checklist with the participants. The disseminator can tell them what components the training will target and which variations (i.e., acceptable or ideal) will be reached. If successive training sessions are needed, each session can focus on different components (e.g., Session 1 covers components 1 to 3; Session 2 covers components 4 to 6). Early training sessions can aim at acceptable variations, and later sessions can focus on refining use to ideal variations.

Throughout training, the Component Checklist can be used to stimulate discussion with the adopters about how they are doing, areas causing the most trouble, the areas on which they would most like to concentrate, and the activities they have found to work particularly well. The checklist may be seen as a tool for authoritative leadership, to prescribe and dictate what must be done, but it also can be an interactive planning and problem-solving device. Removing or replacing the words "unacceptable," "acceptable," and "ideal" might be advisable, depending on the adopting group.

To address personal concerns (SoC 2), it is important to learn the expectations of the adopting organization's hierarchy (directors, managers, principals, etc.). Must everyone use the program? How much of their work day must they devote to the adoption? Will salaries, promotions, assignments, etc., be affected?

How will responsibilities shift? Answers to these questions, if only speculative, will help adopters envision what lies ahead.

Change takes time, and realistic expectations need to be set for use and for observable results. No one should expect implementation to go smoothly, since new behaviors must be mastered and unanticipated events lie at every turn. Further, outcomes for children should not be expected immediately, since these, too, take time to occur, and an adopter certainly needs to master a program first before children can begin to benefit. If the adopting organization's hierarchy legitimizes rough starts and sets expectations for child growth down the road awhile (the second year is realistic), the personal concerns of the staff diminish.

With the model program implemented, the disseminator's job may seem to be over, but it isn't. Much more must be done if the program is to remain a strong and viable part of the adopting organization. Again, CBAM ideas and tools can help.

Follow-Up Assistance

Research and experience show that adopters need help and support long after implementation of a new program has begun (Berman and McLaughlin, 1975; Loucks and Zigarmi, 1980). A recent dissemination study by The NETWORK, Inc., (Huberman and Crandall, 1982) went so far as to recommend that schools implementing new programs budget for as much back-end as front-end assistance for users, recognizing that as time goes by and concerns change, adopters need different kinds of help -- not less help. When begining a new program, adopters most often have management concerns (SoC 3) and are at a mechanical Level of Use (LoU III). They need help organizing and planning for their own situation; they also need a support system that makes sure materials and equipment are available when needed and problem-solving help is nearby.

The types of on-call help that are needed immediately after implementation are often impossible for a disseminator to provide, since disseminators are usually far away and busy training other adopters. There are two ways to solve this probelm. The disseminator can schedule regular visits at short (one- to two-month) intervals after initial training. Or, better yet, the disseminator can work with the adopting site to design an internal support system. "Comfort and caring" sessions can be held by a coordinator or other designee to share concerns, problems, solutions, and ideas. Those in leadership positions can be encouraged to visibly

support the program by making its use an agenda item at meetings, getting public recognition through the media, and frequently interacting with individual users.

As adopters become more experienced with a model program and assistance is given to resolve their management concerns, their Level of Use usually increases to routine (LoU IVA) or above. Their need for handholding decreases, but they continue to need encouragement and support. Here, more formal use of CBAM tools may be necessary. Typically, attention to a model adoption tends to drift by the second year. A written assessment of concerns, or a round of informal Levels of Use Interviews can help the adopting organization's hierarchy see where its staff members are and what they need to keep going. Sometimes the disseminator can help by returning to conduct these assessments (being more objective than in-house staff) or using the results of in-house assessments to develop appropriate training or consultation sessions. This kind of monitoring is most effective when done regularly, either once or twice yearly.

Evaluation

The monitoring described in the last section is certainly a useful form of evaluation. But there are other kinds of evaluation that can be and have been done using CBAM tools (Loucks and Melle, 1982). Process, formative, and implementation evaluations all ask similar questions: Has the program been implemented? If so, to what extent? How do people feel about it? What are the strengths and weaknesses? Using the Levels of Use Interview, Stages of Concern Questionnaire, and Component Checklist, evaluators can get reliable and valid answers to these and many other questions. The evaluators do not have to be professionals. In many instances, program coordinators, developers, state-level facilitators (such as those in the National Diffusion Network), and local administrators have taken on evaluation roles and used these tools to evaluate their programs (Loucks and Melle, 1982; Research and Development Center for Teacher Education, 1981).

While evaluating implementation can be an end in itself, it can also be used with an evaluation of outcomes to produce a clear picture of the factors that caused certain results. Several studies have shown that an evaluation finding of "no significant differences" between program and control groups is directly attributable to a lack of true implementation by the program group (Charter and Jones, 1973; Hall and Loucks, 1977). Then, too, different config-

urations of a program can result in different child outcomes (George and Hord, 1980). It is therefore useful if not mandatory to assess implementation in a summative evaluation. And CBAM tools can help.

SUMMARY

Dissemination is particularly challenging if those responsible for outreach believe their jobs are to ensure that their early childhood program and its components are used effectively by adopters. It is the contention of this author that this belief should underlie all good dissemination efforts. But it is then necessary to understand the change process and in doing so to provide experiences for adopters that speak to their needs and help them use the model program the way it should be used. The ideas and tools presented in this paper can help. They are captured in detail in the articles, manuals, and papers used as references -- as they are in workshops that have been specially developed for individuals in dissemination roles. CBAM users, like users of any new program, vary widely in their applications of the model; most have found success serving their clients more effectively and personalizing their work with adopters.

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